## Exhibit A

## The First Manhattan Group Inc. 20 West 20th Street, 2<sup>nd</sup> Floor New York, New York 10016 212-613-0921 (Fax) 212-822-8505

June 11, 2002

Mr. Stephen Farthing **Executive Director** New York Academy of Art 111 Franklin Street New York, New York. 10013

## CONFIDENTIAL

Dear Stephen, كراه أثبر المستمر والمألحة

It was a pleasure to meet with you today. This letter will confirm my engagement (DBA/The First Manhattan Group Inc.) As your Controller.

I will perform all duties as require by the Office of the Controller at your direction, including but not limited to the daily operation of accounting, reporting, and financial management.

It is agreed that I shall report directly to you, and/or the Board Chairman. This engagement shall be for a period of one year commencing July 1 2002 and ending June 30, 2003.

It is agreed that this is a full time engagement that shall require a minimum of 140 hours per month. In addition I shall be available as required.

It is agreed that you will pay a Consulting Fee of \$70,000.00 (Seventy Thousand Dollars) payable as billed on the 1st and 15th of the month in 24 installments of \$2,916.67, Commencing July 1 2002. In addition any out of pocket expense shall be paid as billed.

Either party upon 30 days notice may terminate this agreement.

If the above terms meet with your approval please execute the Acceptance and return One copy to me.

Yours Truly

Robert Angona

ACCEPTED: This

New York Academy of Art, Stephen Farthing

Executive Director.

2002

# Exhibit B

#### FIRST MANHATTAN GROUP INC. 20 West 20th Street 2nd Floor New York, New York 10011 212-613-0921 -Fax 212-822-8505

June 11, 2002

Mr. Stephen Farthing Executive Director New York Academy of Art 111 Franklin Street New York, New York 10013

RE: Engagement of Additional Services:

Dear Stephen,

The additional services will be performed in connection with the Contract of Controller.

We will provide additional personnel to perform,

Bookkeeping and Accounting Services at up to \$25.00 per Hour payable weekly.

Staff Accounting Services up to \$45,000 per year payable weekly.

Controller Special Projects are performed up to \$70,000 per year payable bi-monthly (\$2900.00)

If the above terms meet with your approval please execute the acceptance and return one copy.

Yours Truly,

Robert Angona

ACCEPTED This O Day of June , 2002

Stephen Farthing, Executive Director, New York Academy of Art

# Exhibit C

#### Extension\_Attached Return of Organization Exempt From Income Tax

OMB No 1545 0047

Under section 501(c) of the internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust Department of the Treasury Internal Revenue Service This Form is Open Note. The organization may have to use a copy of this return to satisfy state reporting requirements to Public inspaction 19 9 9 A For the 1998 calendar year, OR tax year period beginning 7/ , 1998, and ending 6/30Check if C Name of organization D Employer Identification number Change lof THE GRADUATE SCHOOL OF FIGURATIVE ART OF use IRS address 13-3643485 THE NEW YORK ACADEMY OF ART pant or ]initial return ]Final return type Number and street (or P O box if mail is not delivered to street address) Room/suite | E Telephone number 212-966-0300 111 FRANKLIN ST Specific Instruc-Amend return City or town, state or country, and ZIP+4 F Check outamexe 1: (required also lor state NEW YORK, NY application is pending G Type of organization - X Exempt under 501(c) (3 ) (insert number) OR > section 4947(a)(1) nonexempt charitable trust Note, Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). Yes X No I If either box in H is checked 'Yes,' enter four-digit group H(a) is this a group return filed for affiliates? exemption number (GEN) (b) If "Yes," enter the number of affiliates for which this J Accounting method \_\_\_\_ Cash Yes X No (5) is this a separate return filed by an organization covered by a group ruling? \_\_ Other (specify) > K Check here 🕨 🗔 if the organization's gross receipts are normally not more than \$25,000. The organization need not tile a return with the IRS, but If it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return Note Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 1,136,317 a Direct public support 1a b Indirect public support 1b c Government contributions (grants) 1¢  $\overline{\mathtt{STMT}}$  1 d Total (add lines 1a through 1c) (attach schedule of contributors) 1,136,317. noncash \$\_ 1,136,317. 1,487,986. Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 9,487. interest on savings and temporary cash investments 4 Dividends and interest from securities 6 SEE STATEMENT 2 90,968 6 a Gross rents SEE STATEMENT 49,216. Less rental expenses 41,752. Net rental income or (loss) (subtract line 6b from line 6a) 86 7 Other investment income (describe 8 a Gross amount from sale of assets other (A) Securities (B) Other than inventory 8a b Less cost or other basis and sales expenses 8b c Gain or (loss) (attach schedule) 8c Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule) 1,3 a Gross revenue (not including \$ \_\_\_ of contributions 9a reported on line 1a) Tiess direct expenses other than fundraising expenses 9b Net income or (loss) from special events (subtract line 9b from line 9a) 9¢ 10 a Gross sales of inventory, less returns and allowances 10a 269 Cost of goods sold 10b Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 100 5,097. Othergevenue (from Part VII, line 103) 11 2,680,639. Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 1,254,420. 13 Program services (from line 44, column (B)) 13 905,719. 14 Management and general (from line 44, column (C)) 14 216,712. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 2,376,851. 17 Total expenses (add lines 16 and 44, column (A)) 17 303,788. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18

Net assets or fund balances at end of year (combine lines 18, 19, and 20) LHA For Paperwork Reduction Act Notice, see page 1 of the segarate instructions 823001 12-11 98

Other changes in net assets or fund balances (attach explanation)

Form 990 (1998)

0.

664,600.

2,968,388.

NYAA

19

20

Net assets or fund balances at beginning of year (from line 73, column (A))

19

20

THE GRADUATE SCHOOL OF FIGURATIVE ART OF THE NEW YORK ACADEMY OF ART

_	Statement of All or	рапиза	tions must complete colum	n (A) Columns (B), (C), and	(D) are required for section	on 501(c)(3) and
<u> </u>	art II : Functional Expenses (4) or	ganıza	ations and section 4947(a)(	i) nonexempt chantable tru	sts but optional for others	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management	(D) Fundraising
22	Grants and allocations (attach schedule)	1	· · · · · · · · · · · · · · · · · · ·	38141003	_ bis. <u>J.Jis.</u> 4	
	cash \$nancash \$	22	,			
23	Specific assistance to individuals (attach schedule)		<u>'</u>			
24		24		ı		•
	Compensation of officers, directors, etc	25	146,633.	57,845.	88,788.	0.
	Other salaries and wages	26	533,779.		325,281.	
27	Pension plan contributions	27	13,342.	5,223.	8,119.	
28	Other employee benefits	28				
29	Payroll taxes	29	92,188.	30,532.	61,656.	
30	Professional fundralsing fees	30				
31	•	31	46,200.		46,200.	
32	Legal fees	32	63,382.		63,382.	
33	Supplies	33	32,252.	32,252.		
34	Telephone ,	34	22,280.		22,280. 31,552.	
35	Postage and shipping	35	31,552.		31,552.	
36	Occupancy	36				
37	Equipment rental and maintenance	37	13,207.		13,207.	
38	Printing and publications	38	46,838.	44,527.	2,311.	
39	Travel	39	63,262.	45,066.	18,196.	
40	Conferences, conventions, and meetings	40				
41	Interest	41	138,015.	115,013.	23,002.	
42	Depreciation, depletion, etc. (attach schedule)	42	31,535.		31,535.	
43	Other expenses (itemize)	] ]				
а		43a				
þ		43b				
C		43c				
d	CER OF TRACTUM A	43d	1 100 206		1.55	
0		43e	1,102,386.	715,464.	170,210.	216,712.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	2,376,851.	1,254,420.	905,719.	216,712.
Rep	orling of Joint Costs - Did you report in column (B)	(Prog	ram services) any joint cost	s from a combined education	nal campaign and	
func	iralsing solicitation?				▶ [	Yes X No
If 'Y	es," enter (I) the aggregate amount of these joint cos	ts \$ _	, (	ii) the amount allocated to P	rogram services \$	
	the amount allocated to Management and general \$		, and (r	v) the amount allocated to F	undraising \$	
P	art III Statement of Program Service	e A	ccomplishments			
	at is the organization's primary exempt purpose?					
	UCATION					Program Service Expenses
achie	rganizations must describe their exempt purpose achievement evenents that are not measurable (Section 501(c)(3) and (4) on	s in a c Januzati	lear and concise manner. State ti ons and 4947(a)(1) nonexempt of	ne number of chants served, pub nantable trusts must also enter th	ications issued, etc. Discuss e amount of grants and	(Required for 501(c)(3) and
alloc	ations to others )				T	(4) orgs , and 4947(a)(1) irusts, but optional for others.)
а	THE ACADEMY OFFERED CLA					
	TIME STUDENTS WORKING T	UW.	AKUS A MASTER	OF FINE ART	S DEGREE IN	
	FIGURATIVE ART. THE ACA	DER			EDUCATION.	1 054 400
<u> </u>				rants and allocations \$	}	1,254,420.
þ		*****	···			
				rants and allocations \$	<u> </u>	
U				···		
				make and all and a second		
٦,				rants and allocations \$	)	
d						
			***************************************			
	Other program services (attach schedule)			ants and allocations \$ ants and allocations \$	<u> </u>	
	Other program services (attach schedule) Total of Program Service Expenses (should equal li	38 44				1,254,420.
8230		, <sub>0</sub> 44,	Commer (D), Flugiain Servi	-03)		1,234,420.

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Form 990 (1998)

THE NEW YORK ACADEMY OF ART

13-3643485

Page 3

		e required, attached schedules and amounts within thid-of-year amounts only	e description column should be	(A) Beginning of year		(B) End of year
- 1	ı 45	Cash - non-interest-bearing	,	430,968.	45	660,074.
J	46	Savings and temporary cash investments			46	
- 1			·			
-	47 a	Accounts receivable	472 85,553.		,	
	b	Less allowance for doubtful accounts	l 47h l	34,228.	47c	85,553.
	48 a	Pledges receivable	48a 1,001,004.			
		Less allowance for doubtful accounts	48b	1,130,514.	48€	1,001,004.
],	49	Grants receivable	198		49	
	50	Receivables from officers, directors, trustees, and ke	ey employees (attach		-15	
		schedule)			50	
Assets	51 a	Other notes and toans receivable	51a			
3	b	Less allowance for doubtful accounts	51b		51c_	
` .	52	Inventories for sale or use		22,760.	52	26,329.
-   !	53	Prepaid expenses and deferred charges			53	
-   1	54	Investments - securities (attach schedule)	TMT 5	0.	54	32,866.
	55 a	investments - land, buildings, and			`~	
		equipment basis	55a			
	b	Less accumulated depreciation (attach			1/2	
		schedule)	65b		55c	
- 1	56	Investments - other	11 2 220 051		56	
'	57 a		$\begin{vmatrix} 57a & 3,239,851. \\ 57b & 640,481. \end{vmatrix}$	2,589,940.		2 599 370
- 1.	b 58	Less accumulated depreciation Other assets (describe > S	EE STATEMENT 6	250,553.	57c 58	2,599,370. 271,300.
- [	<b>J</b> O	Oniei assors (asserbe P		200,000.	30	
	59	Total assets (add lines 45 through 58) (must equal	line 74)	4,458,963.	59	4,676,496.
	30	Accounts payable and accrued expenses		184,735.	50	4,676,496. 185,555.
- [1	31	Grants payable			81	
ا إ	62	Deferred revenue			62	
Idollines	63	Loans from officers, directors, trustees, and key emp	ployees		63	
	64 a	Tax-exempt bond liabilities	<u> </u>		64a	
	b	manages and american papers	TMT 7 STMT 8	1,406,915.	64b	1,275,255.
- ] (	5 <b>5</b>	Other liabilities (describe	EE STATEMENT 9	202,713.	65	247,298.
	36	Total liabilities (add lines 60 through 65)		1,794,363.	66_	1,708,108.
			and complete lines 67 through		,	
	-	69 and lines 73 and 74	·		"	
g	37	Unrestricted	<u> </u>	1,426,060.	67	1,391,871.
	38	Temporarily restricted	- 1	32,463.	68	18,344.
ŭ   1	39	Permanently restricted		1,206,077.	69	1,558,173.
	Organ	itzations that do not follow SFAS 117, check here 🕨	and complete lines	ļ	` `	
		70 through 74		Ì	` 1	
2	70	Capital stock, trust principal, or current funds	<u> </u>		70	
ń i	71	Paid-in or capital surplus, or land, building, and equi	·		71	
	12	Retained earnings, endowment, accumulated income			72	
2	73	Total net assets or fund balances (add lines 67 thro		2,664,600.	70	2 968 388
1.	74	column (A) must equal line 19 and column (B) must Total liabilities and net assets / fund balances (a)	-	4,458,963.	73 74	2,968,388. 4,676,496.
		is available for public inspection and, for some people				

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Form 990 (1998) THE NEW			OF	ART			13-	36434	185 Page
Part IV-A Reconciliation of Revent Financial Statements with Return			Par	t IV-B	Recond Financi Return	al Statement	pense ts With	s per A Exper	ludited ises per
a Total revenue, gains, and other support per audited financial statements  b Amounts included on line a but not on line 12, Form 990  (1) Net unrealized gains on investments \$  (2) Donated services and use of facilities \$  (3) Recoveries of prior year grants \$  (4) Other (specify) \$ TMT 10 \$ 49,216.  Add amounts on lines (1) through (4) \$  Line a minus line b \$  d Amounts included on line 12, Form 990 but not on line a  (1) Investment expenses not included on	D	49,216. ,680,639.	(2) (3) (4) S	audited in Amounts line 17, Ft Donated s and use o Prior year reported of Form 990 Losses re line 20, Ft Other (spectrum 1 Add amounts 990 but n Invastmen not include	enses and lo nancial state included on orm 990 ervices if facilities radjustment on line 20, ported on orm 990 ecity) 1 ints on lines nus line ip included on ot on line a at expenses ed on	sments line a but not on	216.	n	49,216. 376,851.
line 6b, Form 990 \$(2) Other (specify)		· · · · · · · · · · · · · · · · · · ·	(2)	itne 6b, Fo Other (spe		\$s			
Add amounts on lines (1) and (2)  e Total revenue per line 12, Form 990 (line c plus line d)	g 2,	680,639.		Total expe	nses per lin is line d)	(1) and (2) a 17, Form 990	<b>&gt;</b>	d 2,	376,851.
Part V List of Officers, Directors,	ruste	es, and Key E						Inbutions to	(E) Expense
(A) Name and address				pusmu	<u> </u>	(C) Compensation (if not paid, enter -0-)	plans com	yea benent & deferred pennation	account and other allowances
RANDOLPH LERNER			CHA	IRMAN					
EAST HAMPTON, NY 11968 DAVID K SCHAFER				NECC SIDEN	T	0		0.	0.
NEW YORK, NY 10022			AS	NECC		0		0.	0.
LUDWIG KUTTNER		~		ASURE	R		<del>-</del>		
NEW YORK, NY 10018 DENNIS SMITH				NECC RETAR	v	0		0.	0.
			SEC.	VE TYK	1				
SOUTHAMPTON, NY 11968 BRUCE FERGUSON				NECC	E DIR	0	<u>-</u>	0.	0.
BROCE FERGOBON			EAD	CULTA	E DIK	ECTOR	1		
NEW YORK, NY 10012 DAVID DAVIDSON				NECC	N D 1734 7	88,788	4	,500.	0.
DAVID DAVIDSON			VP	OF AC	ADEMI	C AFFAIRS	) 		
NEW YORK, NY 10036			AS :	NECC		57,845	2,	,933.	0.
75 Did any officer, director, trustee, or key employee re organizations, of which more than \$10,000 was pro	ceive agg	regate compensation he related organiza	on of m	ore than \$1 If 'Yes ' att	l nort 000,000 luberios rios	n your organization	and all r	elated	

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	1990 (1998) THE NEW YORK ACADEMY OF ART 13-364.	3485		Page 8
Pa	irt VI Other Information		Yes	
75	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes	130		3,
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation dissolution termination, or substantial contraction during the year?	79		X
0.7	If "Yes," attach a statement,	,	, ,	. S
ou a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,		× 、^	Ü
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<del></del>	X
ט	If "Yes," enter the name of the organization		- ~~,	83
Q1 a	and check whether it is exempt OR nonexempt	[5]		\$1.73
oı a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a 0.	; ,	, 6,	1
b	The state of the s	81b	`	x ·
	Old the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	1010		
	fair rental value?	82a		X
b		1		3
-	expense in Part II (See instructions for reporting in Part III)  82b N/A			
83 a		83a	x	, ,
b		83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	848		X
b		1		3 %. 3
	tax deductible? N/A	84b	[	
85	501(c)(4), (5), or (6) organizations - a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax	,,	` . `.]	٠.
	owed for the prior year	,		ΥĠ
C	Dues, assessments, and similar amounts from members 85c N/A	, ,		. 4
đ	Section 162(e) lobbying and political expenditures 85d N/A	:	~~\\\	,
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A	5	. `	` ",
i	Taxable amount of lobbying and political expenditures (line 85d less 85e)  851 N/A		`	;
g	Does the organization elect to pay the section 6033(e) tax on the amount in 851? $N/A$	85g		
ħ	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? $N/A$		- 1	
og.		85ħ	<del> </del>	
86	501(c)(7) organizations - Enter Initiation fees and capital contributions included on fine 12    86a   N/A	**,	`	, °, °,
a	finitiation fees and capital contributions included on fine 12  Gross receipts, included on fine 12, for public use of club facilities  866 N/A  N/A	,`	3	} } }
87	501(c)(12) organizations - Enter a Gross income from members or shareholders  87a N/A	٠٠.		
	Gross income from other sources (Do not net amounts due or paid to other sources	` '		
	against amounts due or received from them ) 876 N/A	٠. ١		1.5
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	3.4	્ં	š,~ ·
	If "Yes," complete Part IX	88	*	χ̈́
89 a	FOA(a)/O) a salada sa Guita A salada sa	<i>'</i>	· .	3,000
	section 4911 \(\bigsup_{ \text{on section 4912}} \) \(\begin{array}{c} \text{0.} \\ \text{, section 4955} \\ \end{array} \)		~ `	
þ	501(c)(3) and 501(c)(4) organizations - Did the organization engage in any section 4958 excess benefit		, ,	
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
d	Enter Amount of tax in 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed   NEW YORK	<del></del>		
þ	Number of employees employed in the pay period that includes March 12, 1998	90b		30
_	MIT ODGANTERMICH	~ ^~		
91	The books are in care of ► THE ORGANIZATION Telephone no ► 212-96	0-03	UU	
	111 PRANKTIN CORPED NEW YORK MY	0010	1	
	Located at ► 111 FRANKLIN STREET NEW YORK, NY ZIP +4 ► 1	0013		
9 <b>2</b>	Section 4947(a)(1) nonexempt chandable trusts filing Form 990 in lieu of Form 1041 - Check here			7
36	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
<u>-</u>	92	14/23		

THE NEW YORK ACADEMY OF ART

Form 990 (1998)

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

13-3643485

Page 6

Part VIII Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise (E) (A) Business (B) Related or exempt indicated (D) Amount Amount function income 93 Program service revenue (a) TUITION &FEES 1,487,986. (c) (d) (8) (f) Medicare/Medicaid payments (g) Fees and contracts from government agencies 94 Membership dues and assessments 96 Interest on savings and temporary cash investments 96 Dividends and interest from securities 97 Net rental income or (loss) from real estate 531120 41,752. (a) debt-financed property (b) not debt-financed property 98 Net rental income or (loss) from personal property 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue a MISCELLANEOUS 3 5,097. 41,752. 1,502,570. 104 Subtotal (add columns (B), (D), and (E)) 105 TOTAL (add line 104, columns (8), (D), and (E)) 1,544,322 Note (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I) Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) 93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE 93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS Information Regarding Taxable Subsidiaries (Complete this Part If the "Yes" box on 88 is checked ) Name, address, and employer identification Percentage of End-of-year Nature of business activities Total income number of corporation or partnership ownership interest assets N/A % % % accompanying schedules and statements, and to the best of my knowledge and belief, it is true ill information of which preparer has any knowledge Charms

#### SCHEDULE A (Form 990),

Department of the Treasury

Internat Revenue Service

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Must be completed by the above organizations and attached to their Form 990 or 990EZ

OMB No 1545 0047

1998

THE NEW YORK ACADEMY OF ART    Part   Compensation of the Five Highest Paid Employees Other 7 (See instructions List each one   if there are none, enter 'None')	rane hours	Directors, an	d Trustees  Indutions to yee benent account and other allowances
(a) Name and address of each employee paid more than \$50,000 (h) Title and ave per week dev position.  NONE  Total number of other employees paid over \$50,000   Part II Compensation of the Five Highest Paid Independent Contra (See instructions List each one (whether individuals or firms) If there are none, enter "Notations and the period of the properties of the period of the p	rage hours (c) Com	pensation (d) Con- pensation employ plans comp	inbuttons to yee benent account and othe ensation allowances
NONE  Total number of other employees paid over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there are none, enter 'No (See instructions List each one (whether individuals or firms) If there is no (See instructions List each one (whether individuals or firms) If the instructions List each one (whether individuals or firms) If the instructions List each one (whether individuals or firms) If the individuals or firms I (See instructions List each one (whether individuals or firms) If the individuals or firms I (See instructions List each one (whether individuals or firms) I (See instructions List each one (whether individuals or firms) I (See instructions List each one (whether individuals or firms) I (See instructions List each one (whether individuals or firms) I (See instructions I (See instructions I (See instructions I (See instruct	cage hours oled to (c) Com	Densation (a) Composition (b) Composition (composition)	tributions to yee benefit & deferred ensation (e) Expense account and other allowances
Total number of other employees paid over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions List each one (whether individuals or firms) If there are none, enter 'No			l l
Part II   Compensation of the Five Highest Paid Independent Contra		1	
Over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions List each one (whether individuals or firms) If there are none, enter No.	ı		
Over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions List each one (whether individuals or firms) If there are none, enter No.			
Over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions. List each one (whether individuals or firms). If there are none, enter No.			
Over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions. List each one (whether individuals or firms). If there are none, enter No.			
Over \$50,000  Part II Compensation of the Five Highest Paid Independent Contra (See instructions. List each one (whether individuals or firms). If there are none, enter No.			
Part II   Compensation of the Five Highest Paid Independent Contra			
Part II   Compensation of the Five Highest Paid Independent Contra			
(See instructions: List each one (whether individuals or firms). If there are none, enter "No			
(a) Name and address of each independent contractor paid more than \$50,000		essional Sen	/ices
	(b)	Type of service	(c) Compensation
NONE			
		<u>}</u>	
Total number of others receiving over			
\$50,000 for professional services  O  HA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 9	•		

Schedule A (Form 990) 1998

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Sc	opinion on a legislative matter or referendum?  If "Yes," epiter the total expenses paid or incurred in connection with the lobbying activities  Organizations checking "Yes," must complete Part VI-8 AND attach a statement giving a detailed description of the lobbying activities  During the year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary  a Sale, exchange, or leasing of property?  b Lending of money or other extension of credit?  c Furnishing of goods, services, or facilities?  d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  a Transfer of any part of its income or assets?  If the answer to any question is "Yes," attach a detailed statement explaining the transactions  Does the organization make grants for scholarships, fellowships, student loans, etc?  a Do you have a section 403(b) annuity plan for your employees?  Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charidable programs qualify to receive payments (See instructions)  he organization is not a private foundation because it is (Please check only ONE applicable box)  A Church, convention of churches, or association of churches Section 170(b)(1)(A)(ii)  A A School Section 170(b)(1)(A)(ii) (Also complete Part V, page 4)  A Hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)  A A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state	<u> </u>	age 2												
F	art j	111	Statement Ab	out A	ctivitie	s								Yes	No
1						o influence	e na	ional, state, or lo	ical legislation,	including any alt	empt to influence	public	1		Х
2	Orga orga the k Durir offici affilia	anizat inizati lobbyi ing the ers, c ated a	ions that made an ele ions checking "Yes," r ing activities e year, has the oganiz ireators, key employe is an officer, director,	ection und must com zation, eith es, or me , trustee, r	er section plete Pari ner direct mbers of	n 501(h) by t VI-8 AND ily or indired their famili	y fil att ctly lies,	ng Form 5768 m ich a statement g , engaged in any or with any taxat	iust complete f piving a detailed of the following	description of gards with any of		ctors,			X
ı	b Lend	ding o	of money or other exte	ension of	credit?								2b		Х
,	: Furni	ishin	g of goods, services,	or facilitie	<b>\$</b> ?								20		Х
1	І Рауп	nent :	of compensation (or p	payment o	or reimbu	irsement of	f ex	enses if more th	on \$1,000)?				20	Х	
(			• •			taileri etaten	Mv.	t avojamne the t	rancadioss				20_		Х
3			• •										3	х	
			•				•	•	J10 ·						X
ŀ	Attac furth	ch a s ieranc	tatement to explain he e of its charitable pro	ow the or ograms qu	ganization painty to m	n determine eceive payn	es t mer	nat individuals or ts. (See instructi	ons )	receiving grants	or loans from it ii	1		( ^)	
	_	nizatio							•						
		<del></del>							n 170(b)(1)(A)	(1)					
		읙							********						
		_													
		╡								1/63/43/A3/3 E	las tha basa da Ra	mama mele			
	L			organizati	on opera	itod in Conju	uii	non with a mosti	iai occiinii ivi	And the Many in	iei (iio iiozhiiai 2	name, my,			
10			An organization ope					or university own	ed or operated	by a governmen	tal unit Section 1	70(b)(1)(A)(ıv)			
11	a 🗆		•				•	part of its suppoi	rt from a gover	nmental unit or f	rom the general c	yblic			
												T			
11	b _		A community trust	Section 1	70(b)(1)(	(A)(vi) (Als	50 C	omplete the Supp	port Schedule	in Part IV-A )					
12	. L														
												ses acquired			
			by the organization	aner June	30, 1975	5 588 S8CI	tion	509(a)(2) (AISO	complete the	Support Schedu	le in Part IV-A )				
13			An organization that (1) lines 5 through 1	12 above,	or (2) se	ction 501(c	c)(4	, (5), or (6), if th	ey meet the tes		a)(2) (See sactio	n 509(a)(3))	ıbed ın		
				· · · · · · · · · · · · · · · · · · ·						onio (ode Ilizifili	чона он раде 4	<u>,                                    </u>	(b) Line	numh	
	<u></u>				(a)	) Name(s) o	of s	ipported organiza	ation(s)					m abov	
						······································									
													·		
1	4		An organization orga	anized and	operate	d to test for	r pt	blic safety Section	on 509(a)(4) (	See instructions	on page 4 )		<del></del>		

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

		NEW YORK A					43485 Page 3
P:	Support Schedule (C Note: You may use if	Complete only if you cl	necked a box on line 1	0, 11, or 12 above) U	se cash metho	d of acc	ounting. N/A
	endar year (or fiscal year inning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994		(e) Total
15	Giffs, grants, and contributions received (Do not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business						
20	activities not included in line 18  Tax revenues levied for the organization s- benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	0.	0.	0.		0.	0.
24	Line 23 minus line 17						
25	Enter 1% of line 23						,
26	Organizations described in lines 10		* **			·   2 <u>6</u> 9	_ N/A _
b							
	governmental unit or publicly suppor in line 26a Enter the sum of all these		total gifts for 1994 throu	gh 1997 exceeded the an		1 25h	N <u>/</u> A
e d	Total support for section 509(a)(1) to Add Amounts from column (e) for lin		(e) 19	l _	•	295	_ N/A
		22	26	ib	>	26d	N/A
8	The same topped the same and the same and the				<b>&gt;</b>	268	N/A
	Public support percentage (line 26e					261	N/A %
27	Organizations described on line 12					son," attac	h a list to show the name
	of, and total amounts received in each (1997)	n year mgm, each-disqua (1996)			•	4001)	
b	• •			(1995)		(1994)	for annh wase
Ū	that was more than the larger of (1) i						
	individuals ) After computing the diffe						
	excess amounts) for each year (1997)	(1996)		(1995)		(1994)	
C	Add Amounts from column (e) for lin	15 15		16			
•	17			16 21		270	N/A
đ	Add Line 27a total		ne 27b total			270	N/A
8	Public support (line 27c, total minus I					279	N/A
t	Total support for section 509(a)(2) te	-	23, column (e)	► 27f	N/A	• • • ·	
g	Public support percentage (line					279	N/A %
	Investment income percentage					27h	N/A %
28 L	Inusual Grants: For an organization public inspection) for each year showing hese grants in line 15 (See instructions	described in line 10, 11, og the name of the contribute) 3)	or 12, that received any u utor, the date and amoun	musual grants during 199 It of the grant, and a bnet	94 through 1997, description of the	attach a lis nature of	st (which is not open to the grant. Do not include

#### THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Schedule A (Form 990) 1998 THE NEW YORK ACADEMY OF ART

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Page 4

Part V Private School Questionnaire

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	[ 00	X	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues.	29	A	
ou .	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	x	į ,
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	30	1	, v <sub>a</sub> /\
٠.	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	֓֞֞֞֝֟֝֞֞֞֞֝֞֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֓֓֓֓֟	, ^
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	1	,	
	PLACE STATEMENT OF NONDISCRIMINATORY POLICY IN ADVERTISEMENTS,	1, 1		32.5
	SCHOOL CATALOGUE, FACULTY HANDBOOK, AND ORIENTATION HANDBOOK.	1 1		
		1	,	)   `
		13.	- 3	7
32	Does the organization maintain the following			, ~
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondisenminatory basis?	32b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320	X	
	if you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	٠.	٠, ١	۲,
			,	• '{
00	David Control of the		1	
33	Does the organization discriminate by race in any way with respect to			X
a	Students' rights or privileges?	33a		$\frac{\Lambda}{X}$
b	Admissions policies?	33h		$\frac{\Lambda}{X}$
G di	Employment of faculty or administrative staff? Scholarships or other financial assistance?	33c		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
8	Educational policies?	33d 33e		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
i	Use of facilities?	331		$\frac{\lambda}{X}$
ď	Athletic programs?	330		$\frac{\dot{x}}{x}$
h	Other extracurricular activities?	33h		X
"	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	2011		<del></del> _
		. `	-3	,^ <sup>2</sup> .
		~ ` 3	`.	`*` ,
		1 3	, §	\$ <del>\$</del> \$
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		X
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	If you answered "Yes" to either 34a or b, please explain using an attached statement	1	,,:1	7 18
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			•
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Х	

Case 1.07-		Document 1-2	1 1160 047 1		<del>ige</del>	<del>ro u 40</del>
Schedule A (Form 990) 1998		E SCHOOL OF I		ART OF	1 2	-3643485 Page
Part VI-A Lobbying	Expenditures by Ele	ecting Public Char	ties		13-	
· · · · · · · · · · · · · · · · · · ·	eted ONLY by an eligible organ organization belongs to an affili		)			N/A_
	checked "a" above and "limited					
	Limits on Lobbying E	-		(a) Affiliated group t	ntals	(b) To be completed for ALL
(The t	erm "expenditures" means amo	ounts paid or Incurred)				electing organizations
36 Total lobbying expenditures	ta influence nublic enumes (a	rocaranta tabbuina)	20	N/A		
	s to influence public opinion (g s to influence a legislative body		36 37			
38 Total lobbying expenditures		(circo loss)ing/	38			
39 Other exempt purpose expe			39			
	nditures (add lines 38 and 39)		1 4 <u>0</u> 1			<u> </u>
41 Lobbying nontaxable amou If the amount on line 40 is	nt Enter the amount from the t	-				
Not over \$500,000	20% of the am	g nontaxable amount is -	3			
Over \$500 000 but not over \$1,0	•	15% of the excess over \$500,00	,			
Over \$1,000,000 but not over \$1		10% of the excess over \$1,000 (	i i i	_		<b> </b>
Over \$1,500,000 but not over \$1	7,000,000 \$225,000 plus	5% of the excess over \$1,500 00	o			
Over \$17,000,000	\$1,000,000		<i>)</i> , ,			1
42 Grassroots nontaxable amo		P 00	42			
	6 Enter -0- if line 42 is more th 8 Enter -0- if line 41 is more th		43			
77 Guotiace into 41 Hotsi Into o	5 Entor -0 - 11 Into 41 13 (1)(10 til	all into 20	,, .			
	(Some organizations that mad	-Year Averaging Period Un de a section 501(h) election ow See the instructions for	do not have to comple	ate all of the five colu	mns	
		Labbying Expe	nditures During 4-Yea	r Averaging Period		N/A
Calendar year (or hiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995		(e) Total
45 Lobbying nontaxable						
amount	_'					0.
46 Labbying ceiling amount (150% of line 45(e))	•					0.
47 Total lobbying	i ·			, - ~		
expenditures						0.
48 Grassroots nontaxable						
amount	.'!	!-		<u>.l</u>		0.
49 Grassroots ceiling amount	ı					
(150% of line 48(e)) 50 Grassroots lobbying		- ,		ī		0.
expenditures		1		1		0.
Part VI-B Lobbying	Activity by Nonelect	ing Public Charitie	S			
	only by organizations that did r					N/A
During the year, did the organization			including any attempt	to Yes	No	Amount
influence public opinion on a legi a Volunteers	slative matter or referendum, ti	rough the use of				
	nclude compensation in expans	es renorted on lines o throu	oh h\		<del>  </del>	
c Media advertisements	iolado domponsation in expans	vo roportaa on mias o tiiraa	an ut			ĭ) `.w`w.'
d Mallings to members, legisla	tors, or the public					
a Publications or published or	broadcast statements					
1 Grants to other organizations						
	s, their staffs, government offic	-			<b> </b>	
h Railies, demonstrations, sem i Total lobbying expenditures (	inars, conventions, speeches,	ectures, or any other mean:	3		37.24	0.
	(add lines d'urrough n) Ilso attach a statement giving a	detailed description of the t	obbying activities	<u> </u>	الــــــــــــــــــــــــــــــــــــ	<b>U</b> •
823141 12-15 98		11				

THE NEW YORK ACADEMY OF ART

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Page 6

Pa	rt VII Information Regarding Transfers T Exempt Organizations	o and Transactions ar	nd Relationships With Nonchari	table
51	Did the reporting organization directly or indirectly engage in	any of the following with any oth	or organization decombed in cachen	
•	501(c) of the Code (other than section 501(c)(3) organization			
а	Transfers from the reporting organization to a noncharitable		nontical organization?	Yes No
-	(I) Cash	everifit ordanization of		51a(i) X
	(II) Other assets			a(II) X
b	1			d(ii) A
	(I) Sales of assets to a noncharitable exempt organization			b(i) X
	(II) Purchases of assets from a noncharitable exempt organi	ization		b(ii) X
	(iii) Rental of facilities or equipment		bit	b(iii) X
	(Iv) Reimbursement arrangements			b(lv) X
	(v) Loans or loan guarantees			b(v) X
	(vi) Performance of services or membership or fundralsing s		ets, or services received    Column	b(vi) X
C	Sharing of facilities, equipment, mailing lists, other assets, or			c X
4	if the answer to any of the above is 'Yes,' complete the follow	ing schedule. Column (b) should	always indicate the fair market value of the	
	goods, other assets, or services given by the reporting organi	ization if the organization receive	id less than fair market value in any	1-
	transaction or sharing arrangement, show in column (d) the v		or services received	N/A_
(a) Line		(c) able exempt organization	(d) Description of transfers, transactions, and s	sharing arrangements
<del></del>				
		<u> </u>		
o2 a	is the organization directly or indirectly affiliated with, or relate Code (other than section 501(c)(3)) or in section 527?	id to, one or more tax-exempt org		Yes X No
b	If 'Yes,' complete the following schedule N	/A		Tes ANO
	(a) Name of organization	(b) Type of organization	(c) Description of relationshi	ρ
			3	

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

13-3643485

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#### THE GRADUATE SCHOOL OF FIGURATIVE ART OF

	RENTAL	INCOME		STATEMENT	
			ACTIVITY	GROSS'	
KIND AND LOCATION OF P	ROPERTY		NUMBER	RENTAL INC	OMI
111 FRANKLIN ST			1	90,9	68.
TOTAL TO FORM 990, PAR	T I, LINE 6A			90,90	68.
FORM 990	RENTAL 1	EXPENSES		STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
111 FRANKLIN STREET	- SUBTOTAL -	1	49,216.	49,21	16.
TOTAL TO FORM 990, PAR	r I, LINE 6B			49,21	16.
FORM 990	OTHER	EXPENSES		STATEMENT	4
	(A)	(B)	(C)	(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISIN	1G
STUDENT AID SVCS	216,093.	216,093.		· · · · · · · · · · · · · · · · · · ·	
	77,796.	77,796.			
OUTSIDE LABOR	77,796. 88,123.	77,796. 88,123.			
OUTSIDE LABOR LIBRARY	77,796. 88,123. 57,352.	77,796. 88,123. 57,352.	60.051		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES	77,796. 88,123.	77,796. 88,123.	60,251.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA &	77,796. 88,123. 57,352. 361,504.	77,796. 88,123. 57,352. 301,253.	60,251.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS	77,796. 88,123. 57,352. 361,504.	77,796. 88,123. 57,352. 301,253.			
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE	77,796. 88,123. 57,352. 361,504. 4,435. 16,370.	77,796. 88,123. 57,352. 301,253.	9,046.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES	77,796. 88,123. 57,352. 361,504. 4,435. 16,370. 16,020.	77,796. 88,123. 57,352. 301,253.	9,046. 16,020.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED	77,796. 88,123. 57,352. 361,504. 4,435. 16,370. 16,020. 3,033.	77,796. 88,123. 57,352. 301,253.	9,046.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES	77,796. 88,123. 57,352. 361,504. 4,435. 16,370. 16,020. 3,033. 9,000.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS	77,796. 88,123. 57,352. 361,504. 4,435. 16,370. 16,020. 3,033.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED PROPERTY	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.  13,500.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800.		
MODEL FEES OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED PROPERTY OFFICE EXPENSE	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.  13,500. 37,684.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800. 13,500. 37,684.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED PROPERTY OFFICE EXPENSE MISCELLANEOUS	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.  13,500.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED PROPERTY OFFICE EXPENSE MISCELLANEOUS REPAIRS &	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.  13,500. 37,684. 16,483.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800. 13,500. 37,684.		
OUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA & LECTURERS INSURANCE CREDIT CARD CHARGES PAYROLL PROCESSING UNINCORPORATED BUSINESS TAXES CONTRIBUTIONS LOSS ON DONATED PROPERTY OFFICE EXPENSE MISCELLANEOUS	77,796. 88,123. 57,352. 361,504.  4,435. 16,370. 16,020. 3,033.  9,000. 4,800.  13,500. 37,684.	77,796. 88,123. 57,352. 301,253. 4,435. 7,324.	9,046. 16,020. 3,033. 9,000. 4,800. 13,500. 37,684.		

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F FIGURATIVE	ART OF			13-3643	3485
·		,912.>	<7,382.> 7.775.	<4,9	22.
		,464.	170,210.	216,7	12.
NON_COVERN	MPNW CPCID	TOTEC	ОП	A CONTRACTOR	
MON-GOVERN.		TITES	2.1.	ATEMENT	
CORPORATE (	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GO SECURIT	V'T
32,866.				32,8	66.
32,866.				32,8	66.
ΟŤΙ	HER ASSETS		ST.	ATEMENT	6
				AMOUNT	
			*	14,1 207,2 50,0	00.
IV, LINE 58,	, COLUMN B	1		271,30	00.
MORTGAG	GES PAYABLI		STI	ATEMENT	<del></del>
		1	BAI	LANCE DUI	<u> </u>
		1		772,25 113,00	
90, PART IV,	LINE 64B,	COLUMN B		885,25	55.
	<49,216 7,775 1,102,386  NON-GOVERN  CORPORATE STOCKS  32,866.  OT:  OT:  SES  IV, LINE 58	7,775.  1,102,386. 715  NON-GOVERNMENT SECUR  CORPORATE CORPORATE STOCKS BONDS  32,866.  32,866.  OTHER ASSETS  ES  IV, LINE 58, COLUMN B  MORTGAGES PAYABLE	<pre>&lt;49,216.&gt; &lt;36,912.&gt; 7,775.  1,102,386. 715,464.  NON-GOVERNMENT SECURITIES  CORPORATE CORPORATE TRADED SECURITIES  32,866.  32,866.  OTHER ASSETS  IV, LINE 58, COLUMN B</pre>	<49,216.>       <36,912.>       <7,382.>         7,775.       7,775.         1,102,386.       715,464.       170,210.         NON-GOVERNMENT SECURITIES         COTHER PUBLICLY TRADED OTHER STOCKS BONDS SECURITIES         32,866.       32,866.         OTHER ASSETS         STOCKS SECURITIES         OTHER ASSETS         STOCKS SECURITIES         OTHER ASSETS         STOCKS SECURITIES	Total

THE GRA	DUATE	SCHOOL	OF'	FIGURATIVE	ART	OF
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FORM 990 O	THER NOTES A	ND LOANS PAY	ABLE	STATEMENT 8
LENDER'S NAME	TERMS OF	REPAYMENT	1	
THE LINDBURY TRUST	NONE			
	ORIGINAL AN AMOUNT	INTEREST RATE		
08/01/93 08/01/03	100,000.	650%		
SECURITY PROVIDED BY BORE	ROWER PUR	POSE OF LOAN		
RELATIONSHIP OF LENDER				
DESCRIPTION OF CONSIDERAT	PION		FMV OF CONSIDERATION	BALANCE DUE
			0.	100,000.
LENDER'S NAME	TERMS OF	REPAYMENT		
THE LINDBURY TRUST	NONE			
	RIGINAL N AMOUNT	INTEREST RATE		
12/01/93 12/01/03	100,000.	650%		
SECURITY PROVIDED BY BORR	OWER PUR	POSE OF LOAN		
	WOR	KING CAPITAL		
RELATIONSHIP OF LENDER				
	1			
DESCRIPTION OF CONSIDERAT	ION		FMV OF CONSIDERATION	BALANCE DUE

THE	GRADUATE	SCHOOL	OF	FIGURATIVE	ART	of

LENDER'S	NAME	TERMS	OF F	REPAYI	ENT			
THE LIND	BURY TRUST	NONE			•			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUN			REST ATE			
02/01/94	02/01/04	150,0	00.		650%		•	
SECURITY	PROVIDED BY	BORROWER	PURE	POSE C	F LOAN	ī		
			WORK	KING C	APITAL			
RELATIONS	SHIP OF LEND	ER						
DESCRIPTI	ON OF CONSI	DERATION				FMV (		BALANCE DUE
							0.	150,000
LENDER'S	NAME:	TERMS	OF R	PEDAVN	ENT			
MICHAEL E		MONTH		CDI ICII.				
ATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUN			REST TE			
08/01/98	04/01/00	100,0	00.	***************************************	.00%			
SECURITY	PROVIDED BY	BORROWER	PURP	OSE O	F LOAN			
RELATIONS	HIP OF LENDE	R.						
ESCRIPTI	ON OF CONSID	ERATION				FMV (		BALANCE DUE
		•				}	0.	40,000
ነርመልፒ. ፓአነር	LUDED ON FOR	שמת מסט אמ	T17	ד דאוה	64 00	TIMAT D		200.000
	TODED ON LOL	" >> \ TUTT	± v ,	TITIATI	041 (0)	POLITA D		390,000

THE G	RADUATE	SCHOOL	OF	FIGURATIVE	ART	OF
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FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	r	AMOUNT	
DEFERRED INTEREST DEFERRED RENTAL IN UNEARNED TUITION I	COME	138,7 10,0 98,5	00.
TOTAL TO FORM 990,	PART IV, LINE 65, COLUMN B	247,2	98.
FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
RENTAL ACTIVITY (NE	TTED ON RETURN)	49,2	16.
TOTAL TO FORM 990,	PART IV-A	49,2	16.
FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
RENTAL ACTIVITY (NE	TTED ON RETURN)	49,2	16.
TOTAL TO FORM 990,	PART IV-B	49,23	16.

### Emelopa Postunik DOV 1 2 1999

DEC 10 load

Form 2758 (Rev June 1998)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No 1545-0148 Dopartment of the Treasury Infernal Revenue Service File a separate application for each return Name The Graduate School of Figurative Art of the Employer identification number Please type or print File the New York Academy of Art
Number street, and room or suite no. (or PO box no. if mail is not delivered to street address) 13-3643485 original and one copy by the due date for filing lll Franklın Street your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions New York , NY 10013 instructions New York, NY Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts. must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041 I request an extension of time until February 15 . 2000 , to file (check only one) Form 706-GS(D) Form 990-T (sec 401(a) or 408(a) trust) Form 1120-ND (sec 4951 taxes) Form 8612 Form 706-GS(T) Form 990-T (trust other than above) Form 3520-A Form 8613 Form 1041 (estate) (see instructions) Form 990 or 990-EZ Form 4720 Form 8725 Form 990-BL Form 1041-A Form 5227 Form 8804 Form 990-PF Form 1042 Form 6069 Form 8831 If the organization does not have an office or place of business in the United States, check this box ▶ 🔲 2a For calendar year \_\_\_\_\_\_, or other tax year beginning  $\frac{7/1/98}{}$ \_and ending 6/30/99 Has an extension of time to file been previously granted for this tax year? Yes k No State in detail why you need the extension \_\_\_\_All necessary information not yet received by organization 5a If this form is for Earm 708-GS(D), 708-GS(M), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions b If this form is include any prior year overpayment allowed as a credit c Balance due Subtract line 5b from lifte \$a include your payment with this form, or deposit with FTO coupon if required. See Instructions Under penalties of perjury 1 declare that thave examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true. correct and complete and that I am authorized to prepare this form Signature > FILE ORIGINAL AND ONE COPY The IRS will show below whether or not your application is approved and will return the copy Notice to Applicant — To Be Completed by the IRS We HAVE approved your application. Please attach this form to your return We HAVE NOT approved your application. However, we have granted a 10-day grade period from the later of the date shown below or the due date of your return (including any prior extensions). This grade period is considered to be a valid extension of time for elections otherwise required to be made on a timely return in one attach this form to your return We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period We cannot consider your application because it was filed after the due of the return for which an extension was requested Other Director Date If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent Cohen Greve & Company, CPA, Please Number street, and room or suite no. (or PO box no, if mail is not delivered to street address) Type or 485 Jericho Toke Print Of it form or post office state and ZIP code. For a foreign address, see instructions

For Paperwork Reduction Act Notice, see back of form.

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<u>lineola, NY</u>

ISA STF FED4683F Form 2758 (Resk 6-9)

# Exhibit D

CANNED MY 30 2001

## Return of Organization Exempt From Income Tax

Under section 501(c) of the internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Department of the Treesury

ration may have to use a copy of this return to satisfy state reporting

This Form is Open

4110411	1101010	a several and a		ang requirem	TO TODIE INSPECTOR
A F	or the 19	1999 calendar year, OR tax year period beginning UL 1, 1999	and ending JUN	1 30, 2	000
Bc	hack if:	Presse C Name of organization		D Emple	oyer identification number
	Change of address	THE GRADUATE SCHOOL OF FIGURATIVE	E ART OF		
		THE NEW YORK ACADEMY OF ART		13	-3643485
	initial return	type. Number and street (or P.O. box if mail is not delivered to street address	) Room/s	suite E Telep	hone number
	Finat	Specific 111 FRANKLIN ST	·	21	2-966-0300
	Amende	tions. City or town; state or country, and ZIP+4		F Check	if exemption
	(required als	NEW YORK, NY 10013			application is pending
G T	reporting) VDB 01 01	rganization → X Exempt under 501(c) ( 3 ) (Insert number) OR ►	section 4947(a)(1) nor	nexempt chari	table trust
	• -	on 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable			
			I If either box in H is ch		
		enter the number of affiliates for which this	exemption number (G	_	itti itti algit gi alb
(-,		19	J Accounting method:		X Accrual
(c)		separate return filed by an organization covered by a group ruling?  Yes X No	Other (specify)		rootaa
		if the organization's gross receipts are normally not more than \$25,000.			with the IDS: but
		d a Form 990 Package in the mail, it should file a return without financial data. Som	•		ALLI UIO III.G. DOL
		390-EZ may be used by organizations with gross receipts less than \$100,00			200 at earl of year
		Revenue, Expenses, and Changes in Net Assets or Fund		i mun azau,u	NO BE GITO OF YORK.
E E 9	1	Contributions, gifts, grants, and similar amounts received:	Dalances		10.000
	' .	· ·	1. 015	5,907.	
	a	Direct public support		,,,,,,,,	
	. 0	Indirect public support		<del></del>	
	C	Government contributions (grants)		4T 1	
	đ	Total (add lines 1a through 1c) (attach schedule of contributors)		2	915 907
		(cash \$ 915,907. noncash \$			915,907. 2 1,773,343.
	2	Program service revenue including government fees and contracts (from Part VII, li	•	_	<del></del>
	3	Membership dues and assessments			3 20 004
	4	Interest on savings and temporary cash investments		<b> </b>	4 28,824.
	5	Dividends and interest from securities	1	7 304 8	5
	.6 a	Gross rents SEE STATEMENT 2		7,294.	
	b	Less: rental expenses SO SEE STATEMENT 3		7,804.	420 510
2	C	Net rental income or (loss) (subtract line 6b from line 6a)	· <b>····</b>		6c <30,510.>
Revenue	7	Other Investment Income (describe		· )	7
ş	8 a	Gross amount from sale at assets other (A) Securities	(8) Oth	1 <b>9</b> (	
ш.	·	than inventory	8a		
	b	Less gost or other basis and sales expenses	8b		
•	C,	Gain or (loss) (attach schedule)	8¢		
	đ	Net gain or (loss) (combine line &c, columns (A) and (B))	·		84
	9	Special events and activities (attach schedule)			
	8	Gross revenue (not including \$ of contributions	1 1		
		reported on line 1a)			
	b	Less: direct expenses other than fundralsing expenses			
	C	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	6	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	om line 10a)	L	10c
	11	Other revenue (from Part VII, line 103)			11,196.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	***************************************		12 2,698,760.
	13	Program services (from line 44, column (B))			13 1,609,133.
8	14	Management and general (from line 44, column (C))	***************************************		751,845.
Exponses	15	Fundraising (from line 44, column (D))			15 292,600.
五	16	Payments to affiliates (attach schedule)			16
_	17	Total expenses (add lines 16 and 44, column (A))			17 2,653,578.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 45, 182.
× 25	19	Net assets or fund balances at beginning of year (from line 73, column (A))		<u></u>	19 2,968,388.
ž9	20	Other changes in net assets or fund balances (attach explanation)	SEE STATEMEN	NT 4	20 13,664.
•	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 3,027,234.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1999)

THE GRADUATE SCHOOL OF FIGURATIVE ART OF Form 990 (1999) THE NEW YORK ACADEMY OF ART 13-3643485 Page 2 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and Statement of Part II Functional Expenses (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (C) Management and general (B) Program services (A) Total 6b, 8b, 9b, 10b, or 16 of Part I. (D) Fundraising 22 Grants and allocations (attach schedule) ...... \_\_\_ noncesh \$\_ 22 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 Compensation of officers, directors, etc. 69,094. 69,094. 25 O. 564,580. 285,551. 28 Other salaries and wages ..... 279,029. 28 12,841. 6,236. 6,605. 27 Pension plan contributions 27 28 Other employee benefits 28 90,840 43,677. 47,163. 29 Payroll taxes 29 30 Professional fundraising fees 39 31 Accounting fees 31 32 Legal fees ..... 32 37,152. 37,152. Supplies 33 13,350.34 Telephone ..... 34 13,350. 29,576. Postage and shipping 29,576. 35 36 Occupancy ..... 11,467.Equipment rental and maintenance 11,467. 37 2,167. Printing and publications 52,826. 50,659. 38 53,496. 41,662. 11,834. Travel 39 40 Conferences, conventions, and meetings ...... 40 125,602. 104,668 20,934. 41 Interest .... 41 31,255. 31,255. 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses (itemize): 431 43b 43£ 430 970,434. SEE STATEMENT 5 1,561,499.298,465. 292,600. 438 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (8)-(D), carry thase totals to lines 13-15 2,653,578. 44 1,609,133. 751,845. 292,600. Reporting of Joint Costs. - Old you report in column (B) (Program services) any joint costs from a combined educational campaign and tundraising solicitation? Yes X No If "Yes," enter (I) the aggregate amount of these joint costs \$ \_\_\_\_\_\_; (II) the amount allocated to Program services \$ (III) the amount allocated to Management and general \$ ; and (ly) the amount allocated to Fundralsing \$ Part # Statement of Program Service Accomplishments What is the organization's primary exempt purpose? Program Service
Expenses
(Required for 501(c)(3) and
(4) orgs., and 4947(a)(1)
trustic but optional for other EDUCATION All organizations must describe their exempt purpor e achievements in a clear and concise manner. State the n evernents that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also en THE ACADEMY OFFERED CLASSES TO APPROXIMATELY 120 FULL & PART TIME STUDENTS WORKING TOWARDS A MASTER OF FINE ARTS DEGREE IN FIGURATIVE ART. THE ACADEMY ALSO OFFERS CONTINUING EDUCATION. 1,609,133. (Grants and allocations \$ ь (Grants and allocations \$ (Grants and allocations \$ (Grants and adocations \$ Other program services (attach schedule) (Grants and allocations \$ } f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,609,133.

אלאון זורדים ער זרטערים השאווואכים מניים חורפת 2001.

Form 980 (1999)

THE GRADUATE SCHOOL OF FIGURATIVE ART OF

Form 990 (1999)

THE NEW YORK ACADEMY OF ART

13-3643485

Part IV Balance Sheets Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only. Beginning of year End of year 45 Cash - non-interest-bearing 660,074. 720,405. 45 Savings and temporary cash investments 46 46 64,860 47 a Accounts receivable ..... 472 b Less: allowance for doubtful accounts 6,000. 47b 85,553. 58,860. 47¢ 534,440. 48a 1,001,004. th Lass: allowance for doubtful accounts 48b 534,440. 48c 49 Grants receivable ..... 48 50 · Receivables from officers, directors, trustees, and key employees 50 Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 Prepaid expenses and deferred charges 26,329 53 21,365. 53 54 Investments - securities STMT 6 32,866. 157,851. 54 55 a Investments - land, buildings, and equipment: basis b Less: accumulated depreciation 55b 55c 58 Investments - other 56 3,514,427 57 a Land, buildings, and equipment: basis 57a b Less: accumulated depreciation 776,899. 2,599,370. 57b 2,737,528. 57c SEE STATEMENT Other assets (describe 271,300. 364,250. 58 4,676,496 4,594,699. 59 Total assets (add lines 45 through 58) (must equal line 74) 185,555. 60 Accounts payable and accrued expenses 153,308. 60 61 Grants payable 81 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 63 a Tax-exempt bond Nabilities 642 b Mortgages and other notes payable STMT 8 1,275,255 1,174,150. 84b SEE STATEMENT 10 ) 247,298. 240,007. Other flabilities (describe 65 1,708,108 Total liabilities (add lines 60 through 65) .... 1,567,465. Organizations that follow SFAS 117, check here or Fund Balances 1,294,338. 87 1,391,871 Unrestricted 88 18,344. Temporarily restricted 93,849. 68 1,558,173. Permanently restricted 1,639,047. 69 Organizations that do not follow SFAS 117, check here 70 through 74 Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund Retained earnings, endowment, accumulated income, or other funds 72 72

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72;

column (A) must equal line 19 and column (B) must equal line 21)

Total liabilities and net assets / fund balances (add lines 66 and 73)

2,968,388.

4,676,496. 74

3,027,234.

4,594,699.

	. THE GRADU	JATE SCHOOL (	OF F	IGURATIVE	ART OF	··	
_	1990 (1999) THE NEW Y	ORK ACADEMY				13-3643	
	Financial Statements with Return	e per Audited h Revenue per	Par	Recond Financ Return	ial Statement	penses per s With Expe	Audited nses per
3	Total revenue, gains, and other support per audited financial statements	2,770,228		Total expenses and laudited financial state		<b>N</b> 2	711 382
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included or line 17, Form 990;	ements		,/11,302
(1)	Net unrealized gains		(1)	Donated services and use of facilities	. \$		
(0)	on investments \$ 13,664.		(2)	Prior year adjustmen	ts		
(2)	Donated services and use of facilities \$			reported on line 20,	,		
(3)	Recoveries of prior		(3)	Losses reported on			
	year grants\$		\'-'	line 20, Form 990	\$		
S	Other (specify): TMT 11 \$ 57,804.		S	Other (specify):	\$ 57,8		
	Add amounts on lines (1) through (4)	ы. 71,468.	<u>.</u>	Add amounts on line	s (1) through (4)	<b>▶</b> b	57,804
đ	Line a minus line b	[ 2,698,760.		Line a minus line b		▶ c 2	,653,578
	Amounts included on line 12, Form 990 but not on line a:		1	Amounts included on 990 but not on line a			
(1)	investment expenses not included on		(1).	Investment expenses	i		
	line 6b, Form 990 \$			not included on line 6b, Form 990			
(2)	Other (specify):		(2)	Other (specify):	. •		
_	ss				\$		
	Add amounts on lines (1) and (2)	4		Add amounts on lines		▶ ₫	
8	Total revenue per line 12, Form 990 (line c plus line d)	2,698,760	•	Total expenses per lit (line c plus line d)	ne 17, Form 990		652 570
Pe	rt V List of Officers, Directors, T	rustees, and Key !	Emplo	yees (List each on	e even if not comper	rsated.)	
	(A) Name and address			le and average hours r week devoted to	(C) Compensation (If not paid, enter	(D) Contributions to	(E) Expense
RAI	NDOLPH LERNER		1	position IRMAN	(11 110t paid, airea	plans & deferred compensation	other allowance
			CnA.	IRMAN	·	7	
ĒĀ	T HAMPTON, NY 11968		AS I	NECC	0.	0	.l o.
DA'	VID K SCHAFER		PRES	SIDENT			
ÑĒ	V YORK, NY 10022		20.3	NECC			
	OWIG KUTTNER			ASURER	0.	0	0.
	V YORK, NY 10018		AS 1		0.	0.	0.
DEI	NIS SMITH		SECI	RETARY			
รีดีเ	ĪTHĀMPĪON, NY 11968		AS N	NECC	0.	0.	. 0.
BRI	JCE FERGUSON			UTIVE DIR	ECTOR	0.	
	V YORK, NY 10012 /ID DAVIDSON		AS N		17,307.	865.	0.
			VP (	OF ACADEMI	C AFFAIRS		
NEV	YORK, NY 10036		AS N	IECC	51,787.	2,590.	0.
							}
			<u>.</u>				
<b></b>							
							-
				-			
-	ld age offices disputes to the same and						L

_	THE GRADUATE SCHOOL OF FIGURATIVE  990 (1999) THE NEW YORK ACADEMY OF ART	ART U	13'-364:	3485	j	Page
Pa	VI Other Information				Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed de-					X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		***************************************	77	<u> </u>	X
	If "Yes," attach a conformed copy of the changes.					
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this return?		78a	<u>X</u>	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?			78b	X	<del> </del>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			79		X
an -	If "Yes," attach a statement;					
ou a	Is the organization related (other than by association with a statewide or nationwide organization) through	common me	mbership,			
_	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			80a	11000000	X
U	If "Yes," enter the name of the organization				IX.	
81 a	and check whether it is		: OR nonexempt.			
VI 8	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	الما	0		<b>1</b>	
b	Did the organization file Form 1120-POL for this year?	818		Taxas a	1880	X
82 :	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		Halle tone then	81b	3.500000	^
	fair rental value?			60-	X	i janii
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or	30 sń		82a		1000
-	expense in Part II. (See instructions for reporting in Part III.)					
83 a				832	X	i faciliti
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	+
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		***************************************	84a	1	X
· b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or aifts were n	ot .	W43.8	(1) (A)	100
	tax deductible?			84b	1000000	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A	85b		1
٠.	. If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizati	on received a	waiver for proxy tax		W	
	owed for the prior year.		••			
C	Dues, assessments, and similar amounts from members	85c	. N/A			
đ	Section 162(e) lobbying and political expenditures		N/A	]		
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	851	N/A			
Q	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A	8 <b>5</b> g		
þ	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its			ŀ		
	allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		ļ
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A			
D	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			100000 1000000
87	501(c)(12) organizations. Enter:		/-			
	Gross income from members or shareholders	87a	N/A			
U	Gross income from other sources. (Do not net amounts due or paid to other sources		37/3			
99	against amounts due or received from them.)	87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or					1
	or an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 30 if "Yes" complete Part IV					U
AO =	If "Yes," complete Part IX	••••••		88	3333,310	X
-	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4915	· .	. 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit					
_	transaction during the year? if "Yes," attach a statement explaining each transaction			89b	economic Total	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	• • • • • • • • • • • • • • • • • • • •		OAD	L	
•	sections 4912, 4955, and 4958					0
đ						0
90 a	List the states with which a copy of this return is filed NEW YORK					
b	Number of employees employed in the pay period that includes March 12, 1999	···		90b		3
		***********		300	<u> </u>	
91	The books are in care of THE ORGANIZATION	Telephon	e no. ► 212-96	6-0	300	
		· · ·				
	Located at ► 111 FRANKLIN STREET NEW YORK, NY	*- *********	ZIP +4 ► 1	001	3	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fleu of Form 1041-Check here		•		<b>▶</b> Г	7
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/	Α	
92304	5					

THE GRADUATE SCHOOL OF FIGURATIVE ART OF
THE NEW YORK ACADEMY OF ART

13-3643485

Page 5

inter gross amounts unless otherwise	Unrelated	business income	Exatu	ded by section 512, 513, or 514	(E)
ndicated.	(A) Business	(B)	(C) Exctu-	(D)	Related or exempt
93 Program service revenue:	Code	Amount	sion	Amount	function income
(a) TUITION &FEES		·			1,773,343
(b)					
(e)		•			
(d) ·					
(8)	_				
(f) Medicare/Medicald payments					
(g) Fees and contracts from government agencies					
94 Membership dues and assessments					·
95 Interest on savings and temporary	1 1				
cash investments	·		•		28,824
98 Dividends and Interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property	531120	<30,510	) . Þ		
(b) not debt-financed property					
98 Net rental income or (loss) from personal property	:				
99 Other investment income					
00 Gain or (loss) from sales of assets					
other than inventory -					
01 Net income or (loss) from special events		7			
02 Gross profit or (loss) from sales of inventory					
03 Other revenue:				· ·	•
MISCELLANEOUS			03		11,19
b			-		
E				-	· · · · · · · · · · · · · · · · · · ·
d			<del></del>	· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·
04 Subtotal (add columns (B), (D), and (E))	0.0000000000000000000000000000000000000	. <30,510	) . >::::::	0.	1,813,363
05 TOTAL (add line 104; columns (B), (D), and (E))					1,782,853
late: (Line 105 plus line 1d, Part I, should equal the	amount on line 12	Part I			17.02/03.
Part VIII Relationship of Activities to	he Accomplis	hment of Even	ant Du	TORRE	
Ine No. Explain how each activity for which income is					4.45
exempt purposes (other than by providing fun	ids for such numose	C) OI FAIL VII COIRTIDU E)	tea Impon	antly to the accomplishment of	or the organization's
3A TUITION RECEIVED IS U			F DII	PDOCE OF CHIPD	יייייייייייייייייייייייייייייייייייייי
3A GRADUATE PROGRAM AND	CONTINUIN	2 FOUCATIO	M DD	OCDAMC	ORTING INE
The state of the s	00111110111	3 EDUCALIC	N PR	OGKANIO	
art X Information Regarding Taxab	la Subeidiada	a (Campleto this God	4 15 45 - 170		
	*	a (combines mis Lat	t II till T	BAT DOX ON 88 IS CHECKED.)	
arme, address, and employer identification Percentage number of corporation or partnership ownership into		e of business activities	s	Total income	End-of-year
N/A	CENT I				assets
	%		- 7		•
N/A					
N/A	%				
N/A					

5/9/01 Ludwig Kuttner, Treasurer

1 14 THE GRADUATE SCHOOL OF FIGURATIVE ART OF Form 990 (1999)

13-3643485

THE NEW YORK ACADEMY OF ART Page 6 Part VII Analysis of Income-Producing Activities Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise (E) (C) indicated. (B) (D) Related or exempt Amount function income Amount 93 Program service revenue: (a) TUITION &FEES 1,773,343. (f) Medicare/Medicaid payments ..... (g) Fees and contracts from government agencies ..... 94 Membership dues and assessments 95 Interest on savings and temporary cash investments 28,824. 96 Dividends and Interest from securities 97 Net rental income or (loss) from real estate: 531120 <30,510. (a) debt-financed property (b) not debt-financed property 98 Net rental income or (loss) from personal property .....: 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from special events 102 Gross profit or (loss) from sales of inventory 103 Other revenue: MISCELLANEOUS 03 11,196. 1,813,363. 104 Subtotal (add columns (B), (D), and (E)) O. 105 TOTAL (add line 104; columns (B), (D), and (E)) 782,853 Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's Line No. exempt purposes (other than by providing funds for such purposes). 93A TUITION RECEIVED IS UTILIZED FOR THE SOLE PURPOSE OF SUPPORTING THE 93A GRADUATE PROGRAM AND CONTINUING EDUCATION PROGRAMS Part X Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.) Name, address, and employer identification Percentage of End-of-year Nature of business activities Total income number of corporation or partnership ownership interest assets N/A

Ludwig Kuttner,

## SCHEDUL€ A (Form 990)

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Department of the Trassury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1999

Name of the organization THE GRADUATE SCHOOL OF FI	RT		Employer Identif	185
Part   Compensation of the Five Highest Paid Employ	yees Other Than Of	ficers, Directo	rs, and Trus	tees
(See instructions. List each one. If there are none, enter "None.")				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(B) Expense account and other allowances
NONE				
· · · · · · · · · · · · · · · · · · ·	·			
				<del>.</del>
	·			
	=			
Total number of other employees paid over \$50,000 .	0			
Part B Compensation of the Five Highest Paid Independent (See instructions. List each one (whether individuals or firms). If there	ndent Contractors ( are none, enter 'None.')	for Profession	al Services	•
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of	service	(c) Compensation
NONE				······································
· · · · · · · · · · · · · · · · · · ·				
		·		
Total number of others receiving over				
\$50,000 for professional services	0			
LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for For	m 990 and Form 990-EZ.		Schedule A	(Farm 990) 1999

Sched	ule A (Fo	ośm 990) 1999			UATE YORK									'IVE	E A	RT"	Oŗ	1	3-3	643	485	F	Page 2
Par	H	Statements A	bout A	 ctivitie		_																Yes	No
1 Di	urina the	year, has the organi	ization atte	mpted to	influence	na	atlor	nai, state	a. or i	local	l legis	islation	. includ	ding an	ny atte	mat to	influen	ce out	olic			-	
	•	n a legislative matter									-			-	-			-			1		Х
		iter the total expense											-	\$						.,	<b>333</b>		
		ons that made an ele	•						•	-			Part VI	I-A. Otl	her								
QF	ganizati	ons checking "Yes," n	must comp	lete Part	VI-B AND	att	itach	n a stater	ment	givi	ing a	detalle	ed desc	cription	n of								
th	e lobbyi	ng activities.	•							•	•			•			•						
	-	year, has the oganiz	zation, eithr	er directiv	or indire	ctly	lv. e	ngaged i	in am	v of	the f	followir	no acts	s with a	anv of	its tru:	stees. d	irector	3.				
		reators, key employe		-			•			-			-		-								
		s an officer, director,	•			-	-	•	•		•					•							
		ange, or leasing of p																			. 22		X
		• • • • • • •					• • • • • • • • • • • • • • • • • • • •									• • • • • • •	,,,,,,,,						
b Le	nding o	f money or other ext	ension of c	redit?																	2b		X
				***													,,,,,,,,,	,					
c Fu	ımishind	of goods, services,	or facilities	<b>:</b> ?							•										2¢		X
		, •					••••					•••••			••••••				•				
d Pa	vment (	of compensation (or	gavment o	r reimbur	rsement of	f ax	xoe	nses if m	nore '	thar	n \$1.0	.000\?									24	X	
	.,		<b>2</b> 2,00000								• .,.	,,.							•••••				
a Tr	anster r	of any part of its Incor	maar 10 em	ts?																	28		X
		wer to any question is													•••••							<del>                                     </del>	
		organization make gr							-												3	·X	
		ive a section 403(b) a																			42	X	
	•	tatement to explain h																			200388		90 C 100
·fu	rtherand	e of its charitable pro	ograms qu	alify to re	ceive pay	mei	ents	. (See in:	ıstruc	ction	71 ya NS.).		2 19601	wing y		oj Ioan							
Par	t IV	Reason for No	on-Priv	ate Fo	undati	ОГ	n S	Status	B (S	ee in	nstru	ctions.	.)										
	-	on is not a private for	***************************************												•		_		·				
5		A church, convention			-			-					-				•						٠
6	X	A school. Section 1									•	,,.											
7		A hospital or a coop			•					70(b	X1V	(AV(iii).				٠							
8		A Federal, state, or	•		•					•													
9	$\Box$	A medical research	-		-								•	1\/A\/ i	ii) Frd	tar tha	hoznit	ti's na	me. c	tv.			
•		and state	4.82			,							, 0(0)(	. ,,,,,,,,						.,			
10	П	An organization ope	erated for t	he henefi	it of a colle	909	a or	r universi	ity ov	wnar	d or r	onerate	ed hu a	COVAL	mmen	tal uni	Sartic	n 170	/h\/1\/	Δ1/h/1			
		(Also complete the							,		•	VP4-110	, a o, a	govo.		· ·	·		(-)(-)(	, . M			
112		An organization the					-	art of its	י. פנוחר	nort	from	n a dovi	emmei	ntal un	iit or fi	rom th	- 00007	al nub	lic				
• • •		Section 170(b)(1)(/										-	0::::::0	iiwi uii	III. U7 11	roin as	o Aemar	ai pub	my.				
11h		A community trust.		•		• •						,	e in D	aet 11/_/	A 1								
12	Ħ	An organization tha														mhair	hio foes	and 4	nroee	-			
		receipts from activi	-												•		•		•				
		its support from gr											-							mad .			
		by the organization																	acqui	90			
		nà ma manitancii	ailei 30110	30, 1373	). <b>000</b> 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>.,</i> .	materite)	). (ru	130 0	cump	prote till	a subt	hair as	MidAA	19 III F	ait iv 7	,					
13		An organization tha	at ie nat co:	nizoiled h	w anu dien	nua!	a Jiffa	ad namo	ne /^	nthe:	rthaa	n found	tation :	man	م اجري	nd e	nnete e	mani-	atione	deendi	ad in-		
10	····													-				-			APO III.		
		(1) lines 5 through	Provide the																og(a)	31.1			
			10000000	TOMOREIN	y milonina.		771 626	, , , , , , , , , , , , , , , , , , ,	adpp	, 4110	00 01	Yennet	10113. (	(000 pe	ago v	01 010 1	Hatiuce	VIII.			(h) Lie	ie num	her
		•		` (a)	) Name(s)	of :	fsup	pported o	organ	nizat	tion(s	<b>s</b> )								ļ		om abo	
												•				•				_			
			<u> </u>									<del></del>								+			<del></del>
																				$\perp$	****		
																					-		
14		An organization org	janized and	1 operater	d to test fo	or p	pub	lic safety	y. Sec	ction	n 509	9(a)(4).	. (See )	page 4	of the	e instr	ictions.	}					

Schedule A (Form 990) 1999

THE GRADUATE SCHOOL OF FIGURATIVE ART" OF THE NEW YORK ACADEMY OF ART Schedule A (Folm 990) 1999 13-3643485 Page 3 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. N/A Calendar year (or fiscal year beginning in) (b) 1997 (a) 1998 (c) 1996 (d) 1995 (e) Total Giffs, grants, and contributions received. 15 (Do not include unusual grants. See line 28.) ..... 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities In any activity that is not a business unrelated to the organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended haded att no The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. Other Income. Attach a schedule. Do not include gain or (loss) from sale of capital 23 0. 0 0. Total of lines 15 through 22 0 24 Line 23 minus line 17 Enter 1% of line 23 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) N/A Add: Amounts from column (e) for lines: 19 \_\_\_\_\_ N/A N/A Public support (line 26c minus line 26d total) 28e Public support percentage (fine 28e (numerator) divided by line 28c (denominator)) N/A Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount decribed in (1) or (2), enter the sum of these differences (the (1998) (1997) (1995) e Add: Amounts from column (e) for lines: N/A ≥ 276 d Add: Line 27a total ... and line 27b total N/A 27 Public support (line 27c, total minus line 27d total) 27e 1 -Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ....... > 271 g Public support percentage (line 27e (numerator) divided by line 27f, (denominator)) N/A 27g h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator)) ....

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

THE GRADUATE SCHOOL OF FIGURATIVE ART OF THE NEW YORK ACADEMY OF ART Schedule A (Form 990) 1999 13-3643485 Part V Private School Questionnaire

	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29	X	ļ
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues.			* ×
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	X	: ::::::::::::::::::::::::::::::::::::
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			6ilo
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	X	
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	PLACE STATEMENT OF NONDISCRIMINATORY POLICY IN ADVERTISEMENTS,			
	SCHOOL CATALOGUE, FACULTY HANDBOOK, AND ORIENTATION HANDBOOK.			
	Does the organization maintain the following:			
ı	Records Indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	
)	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	Х	
1	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	33a		3
	Admissions policies?	33b		2
	Employment of faculty or administrative staff?	33c		2
	Scholarships or other financial assistance?	334		2
	Educational policies?	338		2
	Use of facilities?	331		2
	Athletic programs?	33g		7
	Other extracurricular activities?	33h		}
	if you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	1		
	•			
ì	Does the organization receive any financial aid or assistance from a governmental agency?	342		K
)	Has the organization's right to such aid ever been revoked or suspended?	34b		<b>\</b>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	100		
	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	1		

Schedule A (Form 990) 1999

******	edute A (Form 990) 1999	THE NEW YORK	ACADEMY OF	ART	IVE	- AKI V		13-	3643485 Page	5
		ed ONLY by an eligible organi		63					N/A	
Che	ock here 🕨 a 🔲 If the org	anization belongs to an affilia	ted group.							_
Che	ck here b lif you ch	ecked "a" above and "limited o	control" provisions apply.			r			· · · · · · · · · · · · · · · · · · ·	_
		mits on Lobbying E	-			Affiliated	(a) I group tota	als	(b) To be completed for ALL electing organizations	
	(1110 (01)	m axpenditores means amor	ints pare of sicuriacy		T	N	/A			-
36	Total lobbying expenditures to	o Influence public opinion (or	assroots labbying)		36	***	•			
37	Total lobbying expenditures to				37					_
38	Total lobbying expenditures (				38					_
39	Other exempt purpose expend				39					_
40	Total exempt purpose expend	litures (add lines 38 and 39)			40			.,		
41	Lobbying nontaxable amount	. Enter the amount from the fo	ollowing table -							
	If the amount on line 40 fs -	• •	- al thuoms eldexatnon							
	Not over \$500,000									
	Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,50				41			NO SERVICE		(13
	Over \$1,500,000 but not over \$17,0				77.33		3 (0) (14.13)	- Dic		
	Over \$17,000,000									
42	Grassroots nontaxable amour				42		:	464 (\$554)	K	127
43	Subtract line 42 from line 36.				43					_
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more that	an line 38		44					
	Caution: If there is an amo									×
		beld 	rw. See the instructions for li Labbying Expend	- · · · · · · · · · · · · · · · · · · ·			g Period		N/A	_
	endar year (or al year beginning in)	(a) 1999	(b) 1998	(c) 1997			(d) 1996		(B) Total	
45	Lobbying nontaxable amount								. 0	_
48	Lobbying ceiling amount (150% of line 45(e))								0	
47	Total lobbying			200	********	recolos		Approximation (Control of Control		-
	expenditures								0	•
48	Grassroots nontaxable									_
	amount				····				0	•
49	Grassroots ceiling amount								_	
50	(150% of line 48(e)) Grassroots lobbying				<u> </u>		***************************************	****	0	-
_	expenditures	·							0	•
P	ert VI-B Lobbying A (For reporting o	Activity by Nonelections that did not be a compared to the com							N/A	
Dur	ing the year, did the organization			nciuding any	attemp	it to				_
influ	uence public opinion on a legis	lative matter or referendum, t	hrough the use of:		·		Yes	No	Amount	
1	Volunteers	***************************************								
þ	Paid staff or management (inc	clude compensation in expens	ses reported on lines c throug	gh h)			L			Ž.
	Media advertisements			••••••						
0	Mailings to members, legislate Publications, or published or l	urs, or the public	***************************************	**************	•••••		··			
ſ	Grants to other organizations	for lobbying purposes	***************************************			-	·			
g	Direct contact with legislators	, their staffs, government offic	cials, or a legislative body				-			-
ħ	Railles, demonstrations, semi	nars, conventions, speeches,	lectures, or any other means							_
1	Total lobbying expenditures (a	add lines c through h)		***************************************					0	•
	If "Yes" to any of the above, al	lso attach a statement giving a	detailed description of the le	obbying activ	ities.					

Schadola A (Form 990) 1999

THE GRADUATE SCHOOL OF FIGURATIVE ART OF Schedule A (Form 990) 1999 THE NEW YORK ACADEMY OF ART Page 6 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Yes No a Transfers from the reporting organization to a noncharitable exempt organization of: (II) Other assets b Other transactions: (I) Sales of assets to a noncharitable exempt organization b(1) b(li) (II) Purchases of assets from a noncharitable exempt organization b(III) (III) Rental of facilities or equipment p(IA) (Iv) Reimbursement arrangements D(v) (v) Loans or loan guarantees D(vi) (vi) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any N/A transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (b) Amount involved (2) Name of noncharitable exempt organization Line no Description of transfers, transactions, and sharing arrangements 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the X No Gode (other than section 501(c)(3)) or in section 527? ..... If "Yes," complete the following schedule: (b) (c) (a) Description of relationship Name of organization Type of organization . .

Schedule A (Form 990) 1999

THE G	GRADUATE	SCHOOL	OF	FIGURATIVE	ART	OF
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THE GRADUATE SCHOOL	THE GRADUATE SCHOOL OF FIGURATIVE ART OF  RM 990  CASH CONTRIBUTIONS OF \$5000 OR MORE  INCLUDED ON PART I, LINE 1D		13-3643485
FORM 990			STATEMENT 1
Annual	*** NOT OPEN TO	PUBLIC INSPECTION ***	
CONTRIBUTOR'S NAME	CON'	TRIBUTOR'S ADDRESS	AMOUNT
ROSE WEINBERG			22,370.
DAVID LEVINSON	NY,	NY 10028	10,068.
GOSNELL/LUCELIA FNDTN	ı		25,000.
HENRY BUHL	NY,	NY 10014	20,000.
JULIA JITKOFF			8,193.
LONG CHARITABLE REM T	RUST NY,	NY	118,751.
DAVID SCHAFER			11,281.
MEREVILLE FOUNDATION			80,600.
MISC UNDER 5K			373,914.
WILKINSON TRUST			37,000.
RUSSELL WILKINSON	NY,	NY 10003	43,750.
JACK RESNICK & SON			25,000.
JAY FAIRES			10,000.
MTV NETWORK/VIACOM			10,000.
THE CASSANDRA GROUP			90,000.

17,500.

12,480.

R.R. DONNELLEY & SONS CO

MAC

THE GRADUATE SCHOOL OF FIGURATIVE ART	OF.
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FORM 990	RENTAL	INCOME	<del></del>	STATEMENT	2
KIND AND LOCATION OF P	ROPERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
111 FRANKLIN ST			. 1	27,2	94.
TOTAL TO FORM 990, PAR	T I, LINE 6A		•	27,2	94.
FORM 990	RENTAL	EXPENSES		STATEMENT	
DESCRIPTION	· ·	ACTIVITY NUMBER	AMOUNT	TOTAL	
111 FRANKLIN STREET	- SUBTOTAL -	- 1	57,804.	57,8	04
TOTAL TO FORM 990, PAR	T I, LINE 6B			57,8	04.
FORM 990 OTHER	CHANGES IN NET A	ASSETS OR FUNI	BALANCES	STATEMENT	- 4
DESCRIPTION				AMOUNT	
UNREALIZED GAIN ON INV	ESTMENTS	·		13,6	64.
TOTAL TO FORM 990, PAR	T I, LINE 20			13,6	64.
FORM 990	OTHER	REXPENSES		STATEMENT	. 5
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI	NG
STUDENT AID SVCS MODEL FEES DUTSIDE LABOR LIBRARY BUILDING EXPENSES HONORARIA &	329,036. 82,680. 105,751. 86,506. 482,971.	329,036. 82,680. 91,602. 86,506. 402,476.	14,149. 80,495.		
LECTURERS INSURANCE CREDIT CARD CHARGES	12,073. 21,044. 11,568.	12,073. 9,414.	11,630. 11,568.		

THE GRADUATE	SCHOOL OF	FIGURATIVE A	RT OF		er die e	13-3643	485
PAYROLL PROCES	SING	2,414.	<del></del>		2,414.		,
CONTRIBUTIONS		460.			460.		
OFFICE EXPENSE	•	37,847.			37,847.		
MISCELLANEOUS		12,497.		•	12,497.	•	
OTHER FUNDRAIS	ING						
COSTS		298,380.				298,3	80.
ALLOCATED RENT	AL						
EXPENSES		<57,804.>	<43	,353.>	<8,671.>	<5,7	80.
OTHER PROFESSI	ONAL						
FEES		125,315.			125,315.		
BAD DEBT EXPEN	SE	6,000.			6,000.		
ADVERTISING		4,761.			4,761.		
TOTAL TO FM 99	0, LN 43	1,561,499.	970	,434.	298,465.	292,6	00.
FORM 990	· · ·	NON-GOVERNME	NT SECUR	ITIES	Si	PATEMENT	<del></del> 6
DESCRIPTION	VALUE METHOD		RPORATE BONDS	OTHER PUBLICLY TRADED SECURITIE	OTHER	TOTAL NON-GO S SECURIT	T'V
PERMANENTLY	MKT VAL						
RESTRICTED INVESTMENTS	•	157,851.	· .			157,8	51.
THAFOTHENIS		137,631.	~		·	137,8	<del></del>
TO FM 990, LN	54 COL B	157,851.		•		157,8	51.
			,				
FORM 990	. •	OTHE	R ASSETS		S7	TATEMENT	7
DESCRIPTION					· · · · · · · · · · · · · · · · · · ·	AMOUNT	•
DEFERRED MORTG	AGE EXPENS	ES	• .			7,0	50.
DONATED ASSETS						207,2	
CONTRIBUTIONS						150,0	
		•					
TOTAL TO FORM	990, PART	IV, LINE 58, 0	COLUMN B			364,2	50.
	•	•					

THE	GRADUATE	SCHOOL	OF	FIGURATIVE	ART O	F

FORM 990	MORTGAGES PAYABLE	STATEMENT 8
DESCRIPTION		BALANCE DUE
MARINE MIDLAND MARINE MIDLAND		711,150. 113,000.
TOTAL INCLUDED ON FORM	990, PART IV, LINE 64B, COLUMN B	824,150.

THE	GRADUATE	SCHOOL	OF	FIGURATIVE	ART	OF
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1	3		3	6	4	3	4	8	5
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FORM 990	OTHER NOTES AND LOANS PA	YABLE	STATEMENT 9
LENDER'S NAME	TERMS OF REPAYMENT	%•	
THE LINDBURY TRUST	NONE		
DATE OF MATURITY NOTE DATE	ORIGINAL INTEREST LOAN AMOUNT RATE		,
08/01/93 08/01/03	100,000. 650%		
SECURITY PROVIDED B	Y BORROWER PURPOSE OF LOAD	Ŋ	
		<b>-</b>	
RELATIONSHIP OF LEN	DER		
DESCRIPTION OF CONS	IDERATION	FMV OF CONSIDERATION	BALANCE DUE
		0.	100,000.
LENDER'S NAME	TERMS OF REPAYMENT	-	
THE LINDBURY TRUST	NONE .		
DATE OF MATURITY NOTE DATE	ORIGINAL INTEREST LOAN AMOUNT RATE		
12/01/93 12/01/03	100,000. 650%		
SECURITY PROVIDED B	y borrower purpose of loan	1	n en
- ,	WORKING CAPITAL	-	
RELATIONSHIP OF LEN	DER		
DESCRIPTION OF CONS	IDERATION	FMV OF CONSIDERATION	BALANCE' DUE
		0.	100,000.

THE GR	ADUATE SCHOO	L OF FIGURATI	VE ART OF		` \$1.4 \$ _ <b>6</b>	13-3643485
LENDER'S	NAME	TERMS	OF REPAYMI	ENT		
THE LIND	BURY TRUST	NONE				
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTER RAT			
02/01/94	02/01/04	150,000	0.	50%		
SECURITY	PROVIDED BY	BORROWER	PURPOSE OF	LOAN		
			WORKING CA	PITAL		
RELATION	SHIP OF LEND	ER .				
	•					
DESCRIPT	ION OF CONSI	DERATION	•		FMV OF CONSIDERATION	BALANCE DUE
•					0	150,000.
LENDER'S	NAME	TERMS	OF REPAYME	NT		
MICHAEL 1	BAUM	MONTHL	Y			
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTER RAT			
08/01/98	04/01/00	100,000	)	00%		
SECURITY	PROVIDED BY	BORROWER I	PURPOSE OF	LOAN		
RELATIONS	SHIP OF LEND	ER ·		•		<b>∵</b>

FMV OF

CONSIDERATION

BALANCE DUE

350,000.

DESCRIPTION OF CONSIDERATION

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

чнт	CRADIIATE	SCHOOT.	OF	FIGURATIVE	ጥፍል	OF

THE GRADUATE SCHOO	L OF FIGURATIVE ART OF	13-3643485
FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
DEFERRED INTEREST PA UNEARNED TUITION INC		169,645. 70,362.
TOTAL TO FORM 990, P	ART IV, LINE 65, COLUMN B	240,007.
FORM 990 O	THER REVENUE NOT INCLUDED ON FORM	990 STATEMENT 11
DESCRIPTION		AMOUNT
RENTAL ACTIVITY (NETT	ED ON RETURN)	57,804.
TOTAL TO FORM 990, P	ART IV-A	57,804.
FORM 990 O	THER EXPENSES NOT INCLUDED ON FORM	1 990 STATEMENT 12
DESCRIPTION		AMOUNT
RENTAL ACTIVITY(NETT	ED ON RETURN)	57,804.
TOTAL TO FORM 990, P	ART IV-B	57,804.

9750					MAR 1 9 200
Form <b>2758</b>		Application for Extension	n of Time To File		
(Rev. June 1998)		Certain Excise, Income, Informa	ation, and Other Re	turns	OM8 No. 1545-0148
Department of the Treas Internal Revenue Service	ury	File a separate applicati			ONIO 100, 1345-0146
		GRADUATE SCHOOL OF FIG	URATIVE ART	)F Er	ployer identification number
Please type or print. File the	THE	NEW YORK ACADEMY OF AR	T	l l	13 3643485
original and one		and room or suite no. (or P.O. box no. if mail is not	delivered to street address)		
copy by the due date for filling	.5.4   111	FRANKLIN ST	green general aggression		•
your return.		st office, state, and ZIP code. For a foreign address,	cae instructions	,	
		YORK, NY 10013	sae mstructions.		
Note: Corporate in	come tax return	filers must use Form 7004 to request an extens	alon of time to file. Partne	rships, REMICS, and	
5 trusts must i	use Form 8738 to	request an extension of time to file Form 106.	5, 1066, or 1041.		
F 700	xtension of time un			eck only one):	
Form 706	' '	Form 990-1 (sec 401(a) or 408(a) trus Form 990-T (trust other than above)		0-ND (sec. 4951 taxes)	Form 8612
(T)		Form 1041 (estate)	Form 352		Form 8613
Form 990	)-BL	Form 1041-A	Form 522	-	Form 8725
ш Form 990		Form 1042	Form 606		Form 8831
Form 990 Form 990 If the organiza For calendar y If this tax year Has an extens  A State in detail	tion does not have	an office or place of business in the United States,			•
Zu For calendar y	in factors then 10	or other tax year heginning JUL 1, months, check reason: Initial return	1999 and ending		000
₹3 Has an extens		ton nenulariah manta dita tida sa	Final return	Change in accoun	
64 State in detail	why you need the e	extension			Yes X
ALL IN	FORMATION		AXPAYER		
<ul> <li>estimated tax</li> </ul>	payments made. In	90-T, 1041 (estate), 1042/or 8804, enter any refuni clude any prior year overpayment allowed as a cred	t		
estimated tax c Balance due. coupon if requ Under penalties of o	payments made. Inc Subtract line 5b fro ired	90-T. 1041 (estate), 1042 for 8804, enter any refunicitude any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve	dable crèdils and itdeposit with FTD	\$ \$ \$	N/A
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an	payments made. Inc. Subtract line 5b froired. erjury, I declare that d complete; and the	90-T, 1041 (estate), 1042 for 8804, enter any refunicitude any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying I am authorized to prepare this form.	dable crèdits and  It	\$s and to the best of my kn	owledge and belief,
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an	payments made. Inc. Subtract line 5b fro ired. erjury, I declare tha d complete; and the	90-T, 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred orm line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying a lam authorized to prepare this form.	dable crèdits and  It	, and to the best of my kn	
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND	payments made. Inc. Subtract line 5b fro ired. erjury, I declare tha d complete; and the ONE COPY. The IR:	90-T. 1041 (estate), 1042 for 8804, enter any refunctioned any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying t I am authorized to prepare this form.  Title   Title   Garage  Will show below whether or not your application	dable crèdits and  It	, and to the best of my kn	owledge and belief,
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estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND  Notice to Appl We HAVE app We HAVE NOT	Subtract line 5b fround from the following from the front from the front from the fr	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying a larm authorized to prepare this form.  Title Accompanying will show below whether or not your application of Completed by IRS ion. Please attach this form to your return.	rification og schedules and will return period from the later of the	and to the best of my kn  Date the copy.	owledge and belief.  ► 2/15/01
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND  Notice to Appl We HAVE app We HAVE NOT shown below of	payments made. Inc. Subtract line 5b fro ired.  erjury, I declare that d complete; and that ONE COPY. The TR: icant - To Be roved your applicat approved your apport the due date of your	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying I arm authorized to prepare this form.  Title Account American Swill show below whether or not your application of Completed by IRS ion. Please attach this form to your return.	table crèdits and It	\$\$ and to the best of my kn  Date the copy.	owledge and belief.  ► 2/15/01
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND  Notice to Appl We HAVE app  We HAVE not shown below of extension of times.	payments made. Inc. Subtract line 5b fro ired.  erjury, I declare that d complete; and that ONE COPY. The IR: icant - To Be roved your applicat approved your app or the due date of you me for elections other	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred om line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying a larm authorized to prepare this form.  Title Accompleted by IRS ion. Please attach this form to your return. Olication: However, we have granted a 10-day grace pur return (including any prior extensions). This granerwise required to be made on a timely return. Please required to be made on a timely return.	rification  g schedules and will return  period from the later of the ce period is considered a value attach this form to your research.	\$\$ and to the best of my kn  Date the copy.  date EXTENSION id	owledge and belief.  > 2/15/21
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND  Notice to Appl We HAVE app  We HAVE NOT shown below of extension of tim  We HAVE NOT	payments made. Inc. Subtract line 5b fro ired.  erjury, I declare that d complete; and that ONE COPY. The IR: icant - To Be roved your applicat approved your app or the due date of you ne for elections oth	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred orn line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying a large and the prepare this form.  Title Accompleted by IRS ion. Please attach this form to your return. Discation: However, we have granted a 10-day grace our return (including any prior extensions). This grant erwise required to be made on a timely return. Pleasing the properties of the p	rification  g schedules and will return  period from the later of the ce period is considered a value attach this form to your research.	\$\$ and to the best of my kn  Date the copy.  date EXTENSION id	owledge and belief.  ► 2/15/21
estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND We HAVE AND Shown below of extension of time an extension, o We FAND TO THE ORIGINAL AND  WE HAVE NOT  Shown below of extension of time an extension, o We FAND TO THE ORIGINAL AND  WE HAVE NOT  AND TO THE ORIGINAL AND  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  THE ORIGINAL AND  WE HAVE NOT  THE ORIGINAL AND  WE HAVE NO	payments made. Inc. Subtract line 5b fro ired.  erjury, I declare that d complete; and that ONE COPY. The IR: icant - To Be roved your applicat approved your app or the due date of you me for elections oth authority our applications, to the wear	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred orm line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying a larm authorized to prepare this form.  Title	rification  g schedules and statements  the approved and will return  period from the later of the ce period is considered a value attach this form to your return 4, we cannot grant your return 4.	and to the best of my kn  Date the copy.  date EXTENSI id eturn. equest for MAR	owledge and belief.  > 2/15/21
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estimated tax c Balance due. coupon if requ  Under penalties of p it is true, correct, an  Signature FILE ORIGINAL AND We HAVE AND Shown below of extension of time an extension, o We FAND TO THE ORIGINAL AND  WE HAVE NOT  Shown below of extension of time an extension, o We FAND TO THE ORIGINAL AND  WE HAVE NOT  AND TO THE ORIGINAL AND  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  WE HAVE NOT  AND THE ORIGINAL AND  WE HAVE NOT  THE ORIGINAL AND  WE HAVE NOT  THE ORIGINAL AND  WE HAVE NO	payments made. Inc. Subtract line 5b fro ired.  erjury, I declare that d complete; and that ONE COPY. The IR: icant - To Be roved your applicat approved your app or the due date of you me for elections oth authority our applications, to the wear	90-T. 1041 (estate), 1042; or 8804, enter any refunctude any prior year overpayment allowed as a cred orm line 5a. Include your payment with this form, or Signature and Ve t I have examined this form, including accompanying at I am authorized to prepare this form.  Title Completed by IRS ion. Please attach this form to your return. Please our return (Including any prior extensions). This graderwise required to be made on a timely return. Please increase required to be made on a timely return. Please attach this form to your reasons stated in its anot pranting the 10-day grace period.	rification  g schedules and statements  be approved and will return  period from the later of the ce period is considered a va se attach this form to your re  am 4, we cannot grant your in  for which an extension w	Date the copy.  Compared to the best of my known to the best of my known to the copy.  Compared to the copy.  Comp	owledge and belief.  DN ATTOOM  1 3 2001  E EXTENSION
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